USDA For	1. Contractor Name, Address, and Telephone								
EXPERIENC	Number								
	- 40-0110111111111								
	s: See Box 11, Remarks	•							
	answer any item belov	v. Mark "x" in							
appropriat		3. Business			4 11				
2. Submitted to (Office Name & Address)		Company	y Partnership			4. How many years do you or your firm have in the line of			
Addressy		□ Corporation	☐ Individual		work contemplated by this				
		☐ Non-profit O	ganization sc			solicitation			
		contracting have you or y	our business	had as	a (a) p	rime contracto	or		
and/or (b) sub-contractor?									
6. List below the projects your business has completed within the last three years:									
Contract	Type (of Project	Date			ess, and Telephone No. of on to Contract for Project			
Amount	1,700	n roject			formation				
			·						
7. List bell	_	ntractual commitments r	unning concu	rrently	with t	the work conte	mplated by		
Contract	Dollar Amt Na	ne, Address, and Telepho	and Telephone No. of			Percent	Date		
Amount Of Award Business/Go		iness/Government Agenc	s/Government Agency Involved		nits)	Completed	Contract Completed		
8a. Have you ever failed to complete any work awarded to you? Yes No									
8b. If "Yes" to either item 8a specify location(s) and reason(s) why:									
	o you plan on maintaini neet standards?	ng cleaning standards and	I taking correc	tive ac	tion in	the case that	cleaning		
Luces not h	neet standards!								

9b.										
a. (1) Minimum number of employees: and a (2) Maximum number of employees:										
b. Are employees regularly on your payroll? Yes No										
c. Specify equipment available for this contract:										
e. Describe the safety measures and procedures employed by your firm. Specifically address: 1) how maximum safety is ensured for both employees and the public who may be on the work site during contract performance, 2) transportation safety for employees to and from work, and 3) First Aid and evacuation plans in the event of an illness or injury.										
Include Past Performance definitions so contractor know what they are being rated on. i. Quality of services: Demonstrated ability to perform services in accordance with contract specifications. Conformance to good standards of workmanship. ii. Customer Satisfaction: Satisfaction of end users with the contractor's completed services. iii. Business relations: Effective management, ability to manage projects involving subcontracts, working relationship with the contracting officer and technical representatives, reasonable/cooperative behavior, flexibility, effective contractor recommended solutions, businesslike concern for government's interests. v. Timeliness of performance: compliance with delivery schedules; reliability; responsiveness to technical direction, no assessment of liquidated damages.										
Use a separate sheet of paper if necessary.										
10. List below the experience of	the principal individu	ials of your bus	iness:							
Individual's Name	Present Positio	<u> </u>	of Ty	pe of Work						
11. Remarks—Specify Box Numbers (Attach sheets if extra space is needed to fully answer any above questions):										
CERTIFICATION I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability to perform this project.										
12a.Certifying Official's Name and Ti	tle									
12b. Signature (Sign in Ink)	13. Date									